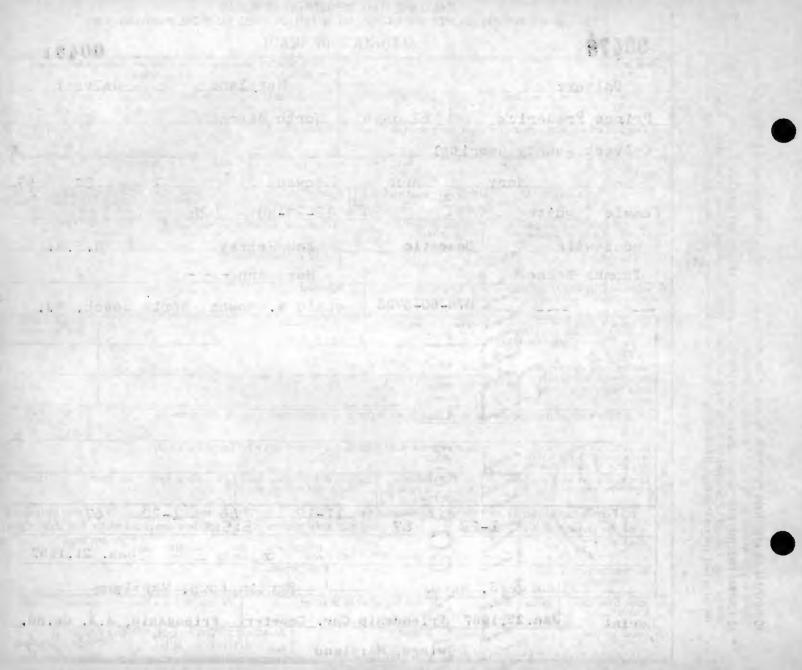
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00478 00481 eg M within 24 hours after death. in by the funeral ers. Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Calvert MARYLAND Maryland papers. Pages 1 hin 72 hours after Calvert b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comparate limits, write RURAL and give nearest town) write RURAL and give nearest town) North Beach Prince Frederick davs d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled i YES NO X Calvert County Hospital 3. NAME OF DECEASED Middle Lost 4. DATE Month Doy Year remove corbon n ony event, wit completely Bowen DEATH (Type or print) Mary Ann IF UNDER 1 YEAR The law requires that the death certificate be executed 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours DIVORCED 12-30-10 female white WIDOWED attending physicion and permit. Then-please rem 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY housewife New Jersey Domestic 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME remova Thomas McKee Mary Ann -17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. AKMED FUNCES:
(Yes, no, or unknown) (If yes give wor or dotes of service)
578-60-5725 permit. cremation, or North Beach, Md. Donald W. Bowen INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physicion. DUE TO burial, Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO T YES 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 19 at work of work 21. I certify that (I) (this haspital) attended the deceased fram 11-19 , 19 66, to 1-20 \_, 19\_67, that (I) (we) last 1967 sow the deceased alive on 1-20 and that death occurred at 5.25 aM, fram couses and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** □Jan. 21,1967 X M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) George J. Weems Huntingtown, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify) Jan. 22, 1967 Friendship Chr. Cemetery Friendship, A.A. Co.Md. Burial REGISTRARY SIGNATURE 250. REC'D BY REGISTRAR. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 You Owings, Maryland DATE unera



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PARTMENT OF HEALTH

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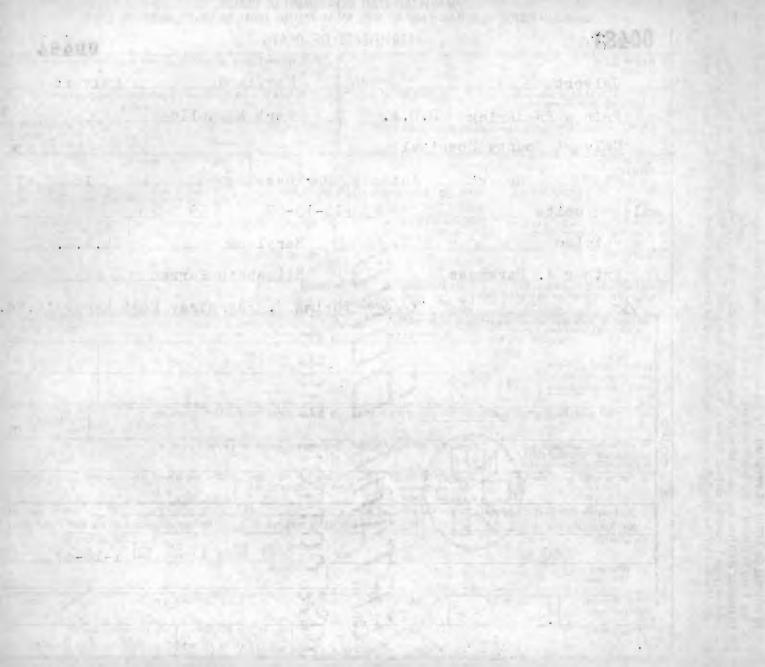
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00481 CERTIFICATE OF DEATH er almith. by the funeral Pages ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Calvert MARYLAND Marvland 24 hours after c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits. r LENGTH OF STAY IN 16 event, within 72 hours at write RURAL and give nearest town) Port Republic D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) move corbon papers. e. IS RESIDENCE ON A FARM? physician and completely filled in d. STREET ADDRESS Calvert County Hospital NO TH YES The law requires that the death certificate be executed within 3. NAME OF 4. DATE Year Lost Day DECEASED OF Harkness DEATH (Type or print) Robert Anthony AGE (In years S. SEX 8. DATE OF BIRTH 6. CDLOR OR RACE NEVER MARRIED last birthday) Manths Haurs 11-18-07 WIDOWED DIVORCED male white 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
mortician - INDUSTRY COUNTRY? Maryland TT S 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remova Arthur A. Harkness Elizabeth Parran 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) 15-14-7388 Thelma W. Harkness. Port Republic Md cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TD Conditions, if any, which gave rise to immediate cause (a). DUF TO for use as the t Health prior to b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS)
PERFORMED? director, page 3 should be detached for use should be filed with the State Dept. of Health YES NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) factory, street, affice blda., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram \_\_, that (1) (we) last and that death accurred at Mofram causes and an the date stated above saw the deceased alive-on. 196 22a. SIGNATURE 22b. DATE SIGNED 1-18-67 M.D. · DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City on Town) 230. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2So. RECO BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE



11- 1	It	ems 20&21 Film 385 2-7-MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH  W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE			CERTIFICATE OF DEATH 00485
HEALTH DEPT	1.	PLACE OF DEATH O. COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)  o. STATE Maryland  b. COUNTY Fr. NCe Georges
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (Inoutside corporate lineits, white RURA) and give nearest town)
farm te Dep aurs a aurs a		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Calvert County Hospital	1516 54th Avenue. ON A FARM?
de le		NAME OF DECEASED (Type or print) Howard Matthew He	rbert. 4. DATE Month 27 1967
irs after of 18. Give ce alang v		6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  1-26-42  9 AGE (In years   IF UNDER 1 YEAR   1F UNDER 24 HRS.   Months   Doys   Hours   Min.
	du	lo. USUAL OCCUPATION (Give kind of work done ving most of working life, even if retired)  (arpenzer. INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  A. COUNTRY?  A. COUNTRY?
# 1 9 E.s	13	3. FATHËR'S NAME Howard. Herbert	14. MOTHER'S MAIDEN NAME  Martha Eliz. Morgan
	19	S. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17.  (If yes give wor or dates of service) 448-3664  Ro	Martha Eliz. Morgan  INFORMANT  Address  Dise Ellen Herbert; same as \$2 above
should be executed to ward "pending" in to the Chief Medical Eburial-fransit permit. Famation, ar remayal, a		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), und (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Afrail INTERVAL BETWEEN ONSET AND DEATH
W.f. At a should a the ward set to the Ch. I a burial-tre cremation,	1	Conditions, if ony, which gove )  DUE TO  Barken	21 7 1 11
- + - o		rise to immediate couse (o), stating the underlying couse lost.  DUE TO  (c)	agenthe shull here for
certification of the certifica	TION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROPERTY NO PROP
INER: This should be files. 3 should be to a should be to	CERTIFICATION		(Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 20e. PLF While of work of work of work 1	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)  Owing Calvert Md.
NE EXA xecute far yall far yall area a lated a		21. I certify that I took charge of the remains described above, he	eld an Autopsy 🔲 , Inspection 🔲 , Inquiry 🔲 , and in my apinion
MEDICAL EX ilease execut director. Pag stained for y DIRECTOR: Po s designated		# 1 1 1	cide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE EXAMINER'S	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
TO DEPUTY MEDICAL EXAM necessary, please execute the the funeral directar. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health ar its designated age	25	NAME (Type)  30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	Address (Street, city, town, of county)
5 = # 2 5 # C		Burial 1/30/167 St. Joseph!	M C. M I . M.I
VR A15ME (5)		24. FUNERAL DIRECTOR ADDRESS ADDRESS Leonardtown	250 REC'D BY REGISTRAR Bb. REGISTRAR'S SIGNATURE JUNGS.  Md. DATE FEB 1 1967 Planetes Jungs.

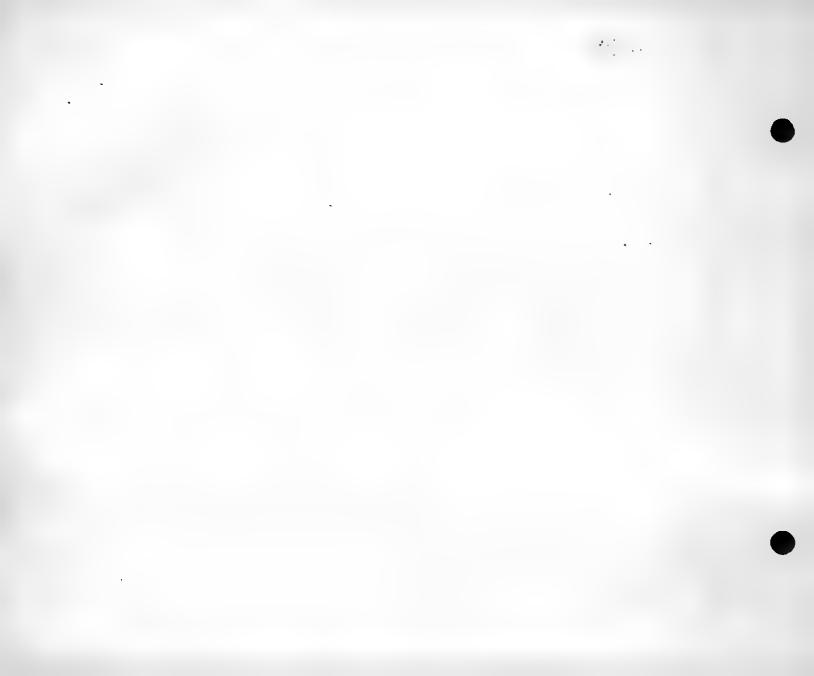
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00483 00486 CERTIFICATE OF DEATH be executed within 24 hours ofter deoth. puo death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE Calvert Maryland papers. Pages 1 hin 72 hours ofter Calvert MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town b (ITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Prince Frederick 2 d. NAME OF HOSPITAL OR INSTITUTION (H not in haspitot, give street address) Owings 2 days completely filled in d. STREET ADDRESS IS RESIDENCE ON A FARM? burial, cremation, or removal, and in any event, within 72 Calvert County Hospital NO TO ottending physician and completely to permit. Then please remove carban 3. NAME OF First Middle tost 4. DATE Month Doy Year DECEASED OF Roxie Belle H111 67 (Type or print) DEATH า 9 19 S SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH birthdoy) Months Days Hours 天 9-211-90 WIDOWED DIVORCED White female 100 USUA, OCC. PATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Cashier COUNTRY? certificate t t Virginia

14. MOTHER'S MAIDEN NAME -Amusement U.S.A retired řark 13. FATHER S NAME Wesley Sturdivant Hattie Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED FORCES:
(Yes, no, or unknown) (If yes give wor or dates of service)
213-16-9732 16. SOCIAL SECURITY NO 17. INFORMANT Address signed by the ottendii burial-transit permit. Myrtle Brooks North Beach. Md. unknown INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond, (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician.

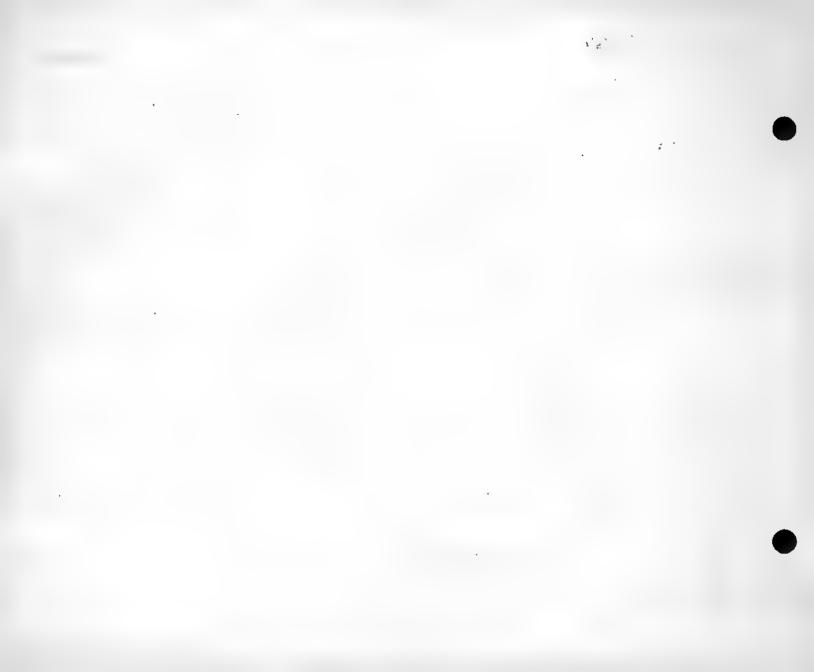
TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burnal-tran should be filed with the State Dept. of Health prior to burial, crea DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO x 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) 19 of work of work 21. I certify that (I) (this haspital) attended the deceased fram Jan. 17, 19, 67, ta Jan. 19, 19, 67 that (I) (we) last saw the deceased give on Jan. 19, 1967, and that death accurred at 1:15aM, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATUR **ATTENDING** 50 □ Jan. 21.1967 PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) George J. Weems. M.D. Owings. Maryland 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) Jan. 23, 1967 Mt. Marmony Chr. Cemetery Owings, Calvert 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 form Owings, Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00484 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived of institution o COUNTY b. COUNTY Poge 9 ď MARYLAND and 3 b CIYLOR TOWN (If outside corporate mits C LENGTH OF STAY IN 16 outs de corposite limits, wiste RURAL and que neares ye R. RAL and g ve neorest 10 wn) offer d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? farm hours Item 18. Give Poges 1, Stote YES 🔲 NO 24 hours after death NAME OF Middle First DATE Month Day Year within 72 DECEASED OF the (Type or print) DEATH with S SEX AGE In years IF UNDER 1 YEAR IF JNDER 24 HRS COLOR OR RACE 7 MARRIED NEVER-MARRIED last birthdoy) Manths Hours DIVORCED event 100. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12 CITIZEN OF WHAT 106. B RTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Ξ. 13 FATHER S NAME pencil be executed within \_ WAS DECEASED EVER NUS ARMED FORCES? 16 SOCAL SECURITY NO INFORMANT. Address (Yes no, or unknown) (if yes give wor or dotes of service) removal 578-091648 perm CAUSE OF DEATH (Enter only one couse per king for (o), (b) and INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY ö IMMEDIATE CAUSE to This certificate should ward cremation, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause 0 lost 05 burial, o THE TERMINA, D SEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT COND WONS CONTRIBUTING TO DEATH BUT NOT RELATED please execute the certificate YES NO or its designated agent, prior ta 200 EXTERNAL CAUSE WAS (Enter notate of in any in Port I or Part II of item 18 3 should PR MARY Or CONTRIBUTING OTCAL EXAMINER: CAUSE OF DEATH MEDICAL 20s T ME OF INJURY Month, Day, Year 20e PLACE OF or town) (County) (Starte) moy be retained for your FUNERAL DIRECTOR: Page of work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinion the funeral director. deoth resulted from: Natural causes Suicide Undetermined monner O DEPUTY ME **ACTUAL** 22., DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** O FUNE Health NAME (Type) Address (Street, city, town, or county) BURNAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) St. Edmonds C.C Sunderland Cal Md 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (\$) FEB 1967 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00485 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residen a. COUNTY COUNT 3 to Page Ö, death, MARYI AND Deportment c (ITY OR TOWN Uf actside corporate limits, with RURAL and give nearest-town) b CITY OR TOWN (If outside corporate mits, CLENGTH OF STAY IN 16 gud wate RURAL and give searest town) haurs ofter d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS farm LON A FARM 8. Give Pages 1, ote YES 🗀 NO 3 NAME OF Middle ᇙ First DATE Manth Day within 72 DECEASED OF the Z.L. 2 (Type or print) -19 DEATH IF UNDER 1 YEAR 5 SEX ---6. COLOR OR RAC NEVER WEARRIED 9. AGE IF UNDER 24 HRS 7 MARRIED In years burthday Manths Days Haurs WIDOWED DIVORCED event Yrs IDo USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Home 3 FATHERS NAME 14/ MOTHER'S MAIDEN NAME, pencil and INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address be executed removol. (Yes, na, ar unknawn) (If yes give war ar dates of service permit CAUSE OF DEATH (Enter only one cause per line (dr.(a), (b), ond/(c)) PART I, DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (a) Ward This certificate should cremation, DUE TO Conditions, if any, which gove nse to immediate couse (a), **DUE TO** stating the underlying cause 00 lost. buriol, PART II OTHER SIGNIF-CANT CONDUITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate. NO 0 2Do EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I at Part II of item 18.) prior PRIMARY C or CONTRIBUTING C CAUSE OF DEATH. MEDICAL 2Da IN JRY OCCURRED 2De PLACE OF NJURY (Home, farm, (Stote) TIME OF INJURY Manth, Day, Year Nat While factor, street, aftice bidg., etc.) moy be retained for your FUNERAL DIRECTOR: Poge at wark / 21. I certify that I taak charge of the remains described above, held an Autopsy inspection and in my opinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTIFAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY ö DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth ( NAME (Type) Address (Street, city, tawn, or caunty) BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County (State) 0 FUNERAL DIRECTOR 256 REGISTRAR S SIGNATUR 25g. REED BY REGISTRAR VR A15ME (5) Munice 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00486 CERTIFICATE OF DEATH 00489 death the funeral 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY p. STATE **b** COUNTY Calvert Calvert Marvl and fremove carban papers. Pages 1 n any event, within 72 hours after MARYLAND requires that the death certificate be executed within 24 hours after filled in by the tu b CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 1h write RURAL and give nearest tawn) Rural-Prince Frederick Prince Frederick davs d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS YEŞ NO T Calvert County 3 NAME OF 4. DATE OF Lost Month Doy Year DECEASED David Peck Type or print Charles DEATH January 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS SEX AGE (In years 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED birthday) Months Dovs Hours WIDOWED DIVORCED 1.-21-7 White Male 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Resturant New York State Resturant Owner 14 MOTHER'S MAIDEN NAME burial, crematian, or removal permit. Then George Peck Marie Johnson 17 INFORMANT WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service 219-48-0663Mrs. Marie Peck. Prince Frederick. No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) )
PART I DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH MARIN WALK IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. 110 2511 DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the prior to b has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed far use of af Health p NO TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for w 200 ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detached shauld be filed with the State Dept. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 201. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While ot work at work 21. I certify that (1) (this haspital) attended the deceased from 1/2 . 1962, that (1) (we) last 9.27 M fram causes and an the date stated abave. and that death accurred at saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED ATTENDING STAFF DIRECTOR M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Prince Frederick Jett. M. Maryrl and 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 25b. REGISTRAR'S SIGNATURE 25 REC'D BY REGISTRAR harles VR A15 (4 1967 IIII M 1/66



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hours after death.	funeral and 2 r death		1.	PLACE OF DEATH	1			1	2. USUAL RESIDENCE	CE (Where decease			dence before admissio	on)
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2	by the Pages 1 Irs after			b. CITY OR TOWN	N (if outside corporat and give nearest tow each	e limits, n)	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IT	outside corpoi	rate Ilmits, wr			/n)
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Wit	mpletely carbon ent, witl			DECEASED (Type or print)	ELSIE		MAE	P	RESNELL	OF DEATH	Janua		3 1967	
ited	G 9 3		5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED			9. 4	GE (In years	IFUNDER 1Y	EAR IF UNDER 24 H	
xecı	and emo any			male	white	WIDOWED			June 18,1	874   9:	2 yrs.		, , , , , , , , , , , , , ,	п.
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are .	pleas		_S	tation FATHER'S NAM	Agent	Pa.	R.R. (ret	ire	1) Staunt	on, Inc	liana	US	A	
File:	Ther There		10.		h Carmick	I COL								
ie i	attending rmit. Th n, or rem		15.	WAS DECEASED F	EVER IN U.S. ARMED FO	RCES?   16	. SOCIAL SECURITY NO.	17.	Leah B		C. Addre	S\$ T		
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e Q	the it pe						line for (a), (b), and (c)					1.1	INTERVAL BETWEE	N H
at th	ramm.			PART I. DE	ATH WAS CAUSED BY	(a)	020	00	- 2				Ollow Allo Coll.	_
s the	signed signed unial-tra			7.14	X DUE	TO	\ \		o Fail	1.0				
uire P	been signe the burial-to or to burial,			Conditions, if a	Immediate (	(b)	7 (10	TTE 1	U W V	2/12				—
red	has ber as the prior t			cause (a), st underlying caus	a lank	(c)								
OR ATTENDING PHYSICIAN: The law requires that the restained by the heental or attending physician.	has has he has he has	*1	NOIL				UTING TO DEATH BUT NO	TRELAT	ED TO THE TERMINAL I	DISEASE CONDI	TIONG IVEN IN	PART1(a)	19. WAS AUTOPS PERFORMED?	SY ?
The	ificate h for use Health	4	FICAT								<u> </u>		YES NO	
JAN:	certificate hed for use t. of Health		CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING AND CAUSE OF DEATHER MEDICAL EXAMINATION OF THE PROPERTY OF THE	20b.	DESCRIBE HOW INJUR	Y OCCUP	RRED. (Enter nature o	f injury in Pert	or Part 11 c	if Item 18.)		
YSIC	is c lache tache				NJURY Month, Day,		INJURY OCCURRED   2	na Plan	E OF INJURY (Home, fa	arm   20f (C)	ty or town)	(Count)	v) (State)	1
<b>P</b>	of the nos frer this con be detache State Dept.		MEDICAL	Hour a.n	n.	While at wor	Not While	factor	y, street, office bldg., e	etc.)	.,,	(50000)	,, (,	
DING	After After Id be c e State		Σ	21   certif			rk at work  ded the deceased fro	nm \	962 1	9 to	1961	19	_ that (I) (we) I	ast
TEN	ron: /				ceased alive on	5-5	7- 19 66, ar	nd that	death occurred at		the causes			
E 2	DIRECTOR: age 3 shoul		Н	22a. SIGNATUR	SE I One	con.			ATTENOING -	MED	STAFF -	22b. DAT		
-	E S C G			22c. PHYSICIA		222	or 15	Mi, D.	PHYS.	DIRECTOR L	PHYS.		3, 1967	
₽~		/	П	NAME (Ty	rpe) Issam l	F. Dam	alouji		Prince F	rederi	ck, Mar	yland		
O HOS			23a	REMOVAL (Spe	POING I		23c. NAME OF CE				ATION (CITY, t	own or count	ty) (State)	
ĭ	10 p		B	urial	Jan. 7	,1967	Highland_	Law		y Vigo	CO.	Indi:		-
VR	A15 (4)		24.	Suital	. 2	14	nc Owings,	Ma	ryland	O DI KEGISI		May 2		X
	M 4-64			V Wilne	ns / unera	100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DATE	11 (1 1	96/		-(+	_=



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

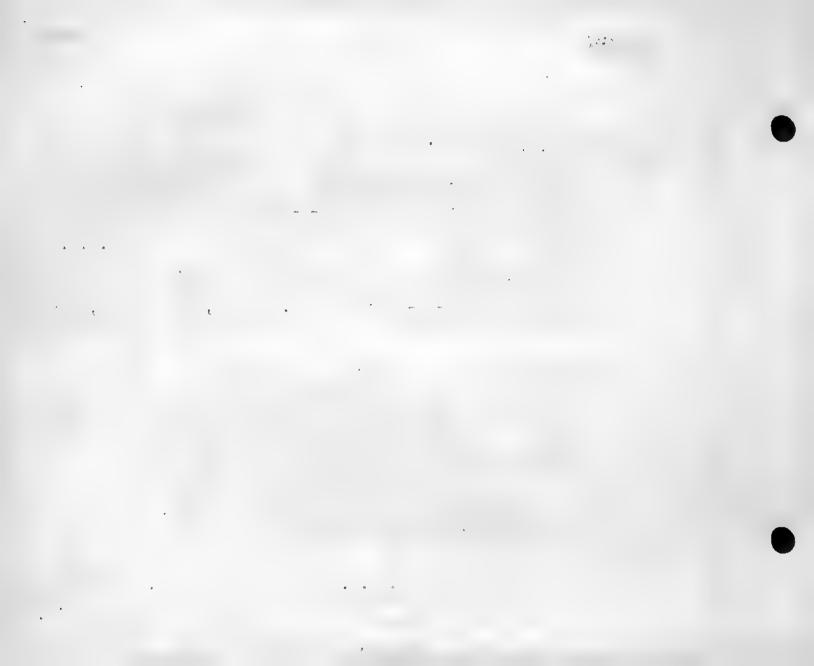
CERTIFICATE OF DEATH

- MIAI	00400	CERTIFICATE	Ur DEAIN	00493
the parties	1 PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived	if institution. Residence before admission)
requires that the deoth certificate be executed within 24 hours ofter death g physicion.  I signed by the attending physician and campletely filled in by the funeral burial transit permit. Then please remove carbon papers. Pages 1 and 3 burial, cremation, or removal, and in any event, within 72 haurs ofter death	a COUNTY Calvert	MARYLAND	o. STATE Maryland	b. COUNTY Calvert
s ofte the f ages rs ofte	b CITY OR TOWN (If autside corporate limits,		c CITY OR TOWN (If outside carporate limits	
hours ofter n by the fu s. Pages 1 haurs ofter	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Prince Frederick	10 days	Dowell	,,
hou hou ha	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital give street address)	d. STREET ADDRESS	e IS RESIDENCE
vithin 24 Unithin 24 Unithin 24 Within 72	Calvert County H	·	W. SINELI ADDRESS	e IS RESIDENCE ON A FARM?
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physician and completely filled in en please removes carbon papers.	DECEASED		OF.	
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nd complete	Male Negro V 100 USUAL OCCUPATION (Give kind of work dane	TIDE KIND OF BUSINESS OR	7-1-102 56.	gtry) 12 CITIZEN OF WHAT
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ate t ician ilease and	13 FATHER'S NAME		Maryland	U.S.A.
tific hys			14. MOTHER'S MAIDEN NAME	
equires that the deoth certific physicion. signed by the attending phys burial transit permit Then p burial, cremotion, or removal,	Benjamin Purv	ey	Rita Offer	
he deoth cei attending p permit The ion, or remo	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, arunt nown) (If yes give wor or dotes of ser	16. SOCIAL SECURITY NO. 17. I	INFORMANT	Address
atte	unknown	1218-14-3496 Be	eatrice B. Purvey	
t the the sit particular	1B. CAUSE OF DEATH (Enter only one couse poper of the couse poper of t	er line for (o), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
that the on. by the transit	//// IMMEDIATE CAUSE (o)			VIII AID PLATII
t cist by the state of the stat	770 A DUE TO	Menua		(
physocial or a control or a con	Conditions, if any, which gave is to immediate cause (a), (b)_	South		
ng p	stoting the underlying couse DUE TO	negmo exec	day - Charles	
e faw re tending ss been as the prior to	lost ) (c)	- I rere	that onemin	
The la attendation of the second of the seco	PART II OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS ALTOPSY PERFORMED?
IAN: The ol or afficote ho for use Health y	200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH OF CONTRIBUTING [] CAUSE OF DEATH OF CONTRIBUTING [] CAUSE OF DEATH			YES NO 🔀
Transpersion of the first of th		20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of its	em 18)
rsic cert hed t. a	THE CHITEK, NOTHY MEDICAL EXAMINER!			
PHYS te host this certache Dept.	20k TIME OF MULKY Manth, Doy, Year Hour o m.		CE OF INJURY (Home, form, 20f (Crty o ory, street, affice bldg., etc.)	r town) (Caunty) (State)
by th by th (fter il be de State	p.m 19	of work of work	ory, street, drike bidg., etc.)	
	21 I certify that (I) (this hospita	l) attended the deceased from	Jan. 14 . 1967, to J	an . 24 19 67, that (1) (we) los
A ATTENI retained recTOR: A should with the		an 21 1900, and that	t death occurred at 2:00pM, from	couses and on the date stated above
A SP CP 42	220 SIGNATURE		ATTENDING - MED - ST	AFF 22b DATE SIGNED
OR ATTEN  DRECTOR:  Je 3 should  Je with the	4 GANGE	M.C	PHYS DIRECTOR L P	1-24-67
	NAME (Type) Roberto d	e Villarreal, M.I	22d. ADDRESS D. St. Leonard	Manual and
HOSPITAL  ge 4 moy  FUREAL  rector, poc	Roberto a			
TO HOSPITAL Page 4 moy To FURIENT director, pag should be fi	23a BURIAL, REMATION, 23b DATE THEREO.	23c. NAME OF CEMETERY OR		(City at Tawn) (County) (State)
5 E D 0		67 St. Johns Chu	250 REC'D BY REGISTRAR	CONTRACTOR SONATURE
VR A15 (4)	24 FUNERAL DIRECTOR	MODICISS	4 1 1 1 1	25b REGISTRAR'S SIGNATURE
25M 1/67	infrage Sever In	nce + rederick,	md. DATE . 00 1967	7

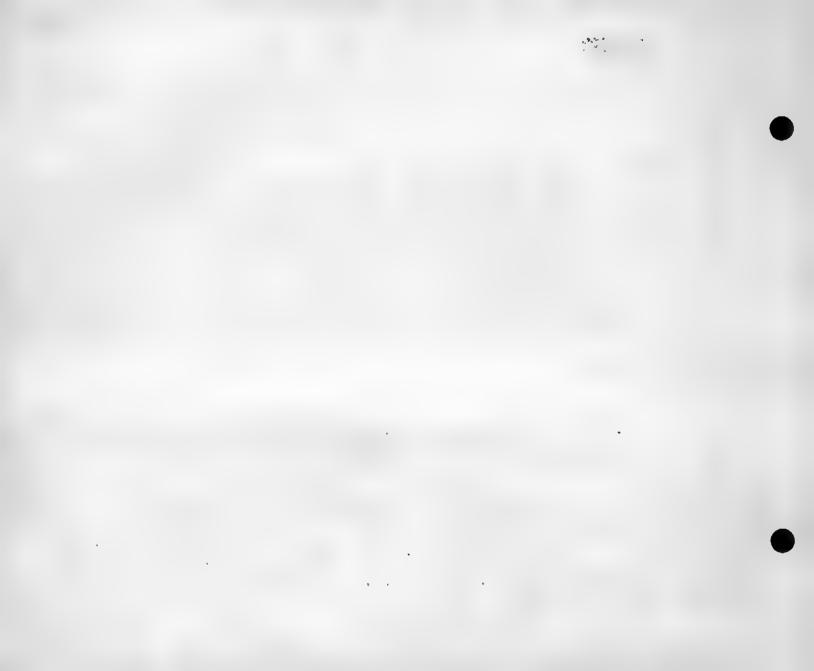
b. 1	$M_{\rm j}$		EPARTMENT OF HEALTH 01 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		00489 MEDICAL EXAMINER'S	
HEALTH DEP	Υ. <i>=</i>	1 PLACE OF DEATH  a. COUNTY  Calveit  MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution Residence detale europs an) a STATE b. COUNTY
P.M3	ours after death.	d. NAME OF HOSPITA. OR MIST TUTION (.i not in hosp tal. give street oddress)	c CITY OR TOWN (if outside carparate limits, write RURAL and give nearest town)  4311 Lot 75 Upper Mailborg, d. STREET ADDRESS  e IS RESIDENCE ON A FARM?
offer death 1 8. Give Pages along with for with the Stote	within 72 hours	3 NAME OF DECEASED TO THE ACTUAL OF THE SERVICE OF MINE OF THE SERVICE OF THE SER	A DATE OF BIRTH  P AGE (In wears FUNDER 19 AGE)  AND Hours Min
thin 24 hours and in Item 18 miner's Office pages 1 ond 2	n ony event	10a US_AL OCCUPATION (G.ve.kind of work done during most of profixing life even in order to the control of the	11 BIRTHPLACE (Stote or faceign, country)  12 (ITIZEN OF WHAT COUNTRY? S. F.F.  14. MOTHER'S MAIDEN NAME  17. OF WHAT COUNTRY?
be executed within "pending" in pencil in the Medical Examine ansit permit File, pag	removal, and	(Yes, na ar unknown) (f yes give war ar dates of service) Z 9 9-44-7600  1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), yes part i DEATH WAS CAUSED BY	Marin E Farmer Admie as (ZC)  (L) () INTERVAL BETWEEN ONSET AND DEATH
frote shourd ing the word ded to the Ch des to buriol-fro	burial, cremation, or	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost	Lag about hours & law
. Th's certificate, writted be used	₽ ~ ′	≥ PRIMARY □ or CONTRIBUTING □	THE TERMINAL DISEASE COND.T.ON GIVEN IN PART I (a)    19 WAS AUTOPSY   PERFORMED?   YES   NO   X     (Enter noture of injury in Port I or Port II of item 18)
L EXAMINER: recute the certific Poge 4 should b for your files. R: Poge 3 should	red ogent, p	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 2 20e PL	ACE OF INJURY (Hame, form ctary, street, office bldg etc.)  20f (City ar tawn) (Caunty) (State)  10eld an Autapsy , Inspection , Inquiry , and in my opinion
o DEPUTY MEDICAL EXAM necessory, please execute the the funeral director. Page 4 5 may be retained for your CHUKERAL DIRECTOR: Page	Health or its designated ogent, prior	· · · · · · · · · · · · · · · · · · ·	CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)
TO FUN	R	230. BURIA, CREMATION 23b DATE THER OF 23c NAME OF CEMETERY OR FEMOVAL (Specify) 1-311-1967 Wash OF CEMETERY OR LANGUAGE STORMS OF CEMETERS	



1,-	-1/	N A		Division of STATISTICA			AKIMENI OF HE W. PRESTON STRE		LAND 21201	
\/		IVI		00490	C	ERTIFICATE	OF DEATH		0	0493
X	ofh.	T D		LACE OF DEATH				Vhere deceased lived, if institu		re admission)
	r de Unel	r de		Calvert		MARYLAND	o. STATE Mar	yland b (0t	INTY C:	alvert
	offe he f	911		o, CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)	€ LENGTH	OF STAY IN 1b	CITY OR TOWN (If au	tside carporate limits, write RE	JRAL and give neare:	st tawn)
	D A	S S	p		12 d	lays		derland		1.1
	유 는 S 를	Ē )		NAME OF HOSPITAL OR INSTITUTION (If not in		dress)	d STREET ADDRESS			B IS RESIDENCE ON A FARM?
	n 2. illed pog	E // 1		Calvert County He	<del></del>					YES NO
	with garden	3	3.	NAME OF First		liddle	Last	4 DATE Mon		
	ed v	en ;	S.	DECEASED Type or print)  Mary  EX 6 COLOR OR RACE 7	Esther	Robinso	DATE OF BIRTH	DEATH Januar 9 AGE (In years	y 22 I F UNDER I YEAR	19 67 I IF UNDER 24 HRS.
	ecut comp	<u> </u>			MARRIED NEVER	MARRIED [ 8.		fast birthday) 68 yrs.	Manths Days	Hours Min
	ex nd rem	0					2-6-98 11 RIRTHPLACE (County)	& State, ar fareign country)	12 CITIZEN O	F WHAT
	e be	<u>ה</u>	duri	JSUAL OCCUPATION (Give kind of work done ing mast af working life, even if refired)	10b KIND OF BUSIN INDUSTRY		•		COUNTRY	?
	sicio plec	<u>=</u>	13.	Housewife FATHER'S NAME			Maryla: 14. MOTHER'S MAIDEN N	IAME	- U - O -	B
	ph hen	000		Charles F. Steve	ens		Marg	aret Childs		
	ding .	Le L	15.	WAS DECEASED EVER IN L. S. ARMED FORCES?	16 SOCIAL SECUR	ITY NO. 17. INF	FORMANT	Addı	ress	
	dea	ŗ.	(10	WAS DECEASED EVER IN L. S. ARMED FORCES? s, no, ar unknown) (If yes give war ar dates of ser	579-40-	0138 Ar	ne C. St	ertz, Sunde	rland, ]	Maryland
	OR ATTENDING PHYSICIAN: The low requires that the death certificote be executed within 24 haurs after deoth as retained by the hospital or attending physician.  **INTECTOR: After this certificate has been signed by the ottending physician and completely filled—in by the funeral as should be detached for use as the buriol-transit permit. Then please remove carban pages? Pages 1 and 2	atio		18 CAUSE OF DEATH (Enter only one couse popert I, DEATH WAS CAUSED BY.	er line far (a), (b), and	(c) )		0		TERVAL BETWEEN
	that in. by ti	rem		IMMEDIATE CAUSE (a) _	0	1 ieue	13-10 mono	much 2 per	ĥs.	
	sicio sicio led	0, 0		Canditians, if any, which gave ) (b)		Coromor	and The	· lisorau		
	physician. signed by buriol-trons	DQ.		rise to immediate cause (a), (		C 316 9 100				
	w n ding een the	5		stating the underlying cause (c)						
	e lo Hendas bas b	olid ,	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTE	IBUTING TO DEATH BU	NOT RELATED TO THE	E TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19.	WAS AUTOPSY PERFORMED?
	or of the by use	# ´	CERTIFICATION							YES NO
	for for	He He	RTIFIC	200 ACCIDENT WAS UNDERLYING  OR CONTERBUTING CLAUSE OF DEATH	205. DESCRIBE HOW	INJURY OCCURRED. (Er	nter nature of injury in I	Part I ar Part II of item 18.)		
	vsi( ospi certi hed	J. 0		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			05 11111011 111	[ PAS	16	164-4-7
	PH are he herbest effort	Dei	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.	20d, INJURY OCCUR While Not W	hile factory	OF INJURY (Home, farm y, street, affice bldg., etc.)	, 20f. (City or town)	(County)	(State)
	ING Dy the	tate	2	p.m. 19	at work Latwo	ırk 🔲	Tan 8 1	0 67 to Ton	22 1067	hat (1) (wa) last
	ed He	ne v		21. I certify that (I) (this hospital saw the deceased alive an	i) arrended the de	67 and that	death accurred at	7 Opt. To accuracy	and an the da	te stated above.
	toin toin	Ę		22a SIGNATURE	alle Co	TALL I GIVE III O		/	22b. DATE SIGN	
	OR 7	<u>Ş</u>	'	"eno!"	I wit	M.D		MED STAFF DIRECTOR PHYS. [		
	AL D N P	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22c. PHYSICIAN'S NAME (Type) Topom Fil	D -3		22d. ADDRESS			
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled—in by the funeral director, page 3 should be detached for use as the buriol-transity permit. Then please remove carban pages. Pages 1 and 2	P P		Topan ET				Frederick,		
	HO Gge	7 00	230	Burial (REMATION, REMOVAL (Specify) Burial 1/25/67		E OF CEMETERY OR CR		23d. LOCATION (City or To Barstow	own) (County Calvert	
		w	24	Burial 1/25/67		ral Cemet	2So REC'I	BY REGISTRAR 2Sb. F	REGISTRAR'S SIGNATU	IRE
	VR A15 ( 20 M 1/	(4) (4)	1	utchinist wood	1 //	s, Md.	DATE	AN 27 1967	Meliante	2 Judge
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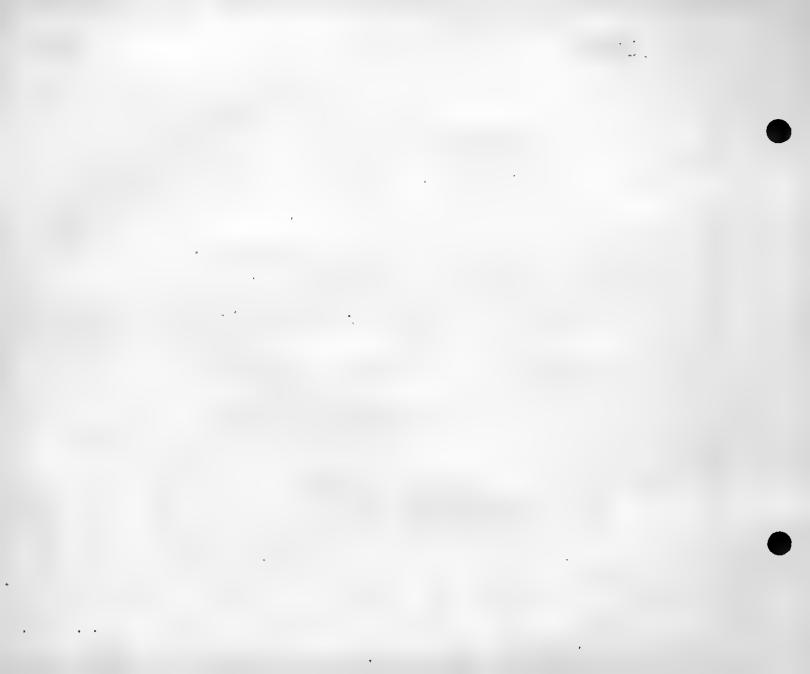


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON. STREET, BALTIMORE, MARYLAND 21201 () () 4 9 4 CERTIFICATE OF DEATH 00491 by the funeral by Pages 1 and 2 hours after death. PHYSICIAN: Thm farm requirms that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY CALVERT b COUNTY lease remove corbon papers. Pages I ond in any event, within 72 hours after MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b C-TY OR TOWN (If autside carparate limits. IS RESIDENCE ON A FARM? ⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS filled YES - NO NURSING Home NAME OF 4. DATE Fist Manth Day Year please remove corbon the ottenting physician and completely sit normit. The blease remove corbon DECEASED OF V ANNIE Scrivener January 1967 (Type or print) DEATH IF UNDER 1 YEAR AGE (In years JE UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Hours female white 11/9/1880 WIDOWED X DIVORCED 12 CITIZEN OF WHAT IDo USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, eyen if retired) **INDUSTRY** 5 HOUSA101+8 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or remayal, 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO YO. REULN permit (Yes, no, ar unknown) (If yes give war at dates of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) **D FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 shauld be detached far use as the buriol-transit should be filed with the State Dept. af Health prior to buriol, cremat ONSET AND DEATH PART I DEATH WAS CAUSED BY Cerebral arteriosclerosis IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospitol or ottending physicion. DUE TO years Generalized arteriosclerosis Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Arteriosclerotic Heart Disease with Auricular Fibrillatibms 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACC DENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH no accident (IF EITHER, NOTIFY MED CALEXAMINER) (State) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) factory, street, affice bldg., etc.) Hour a m. Not While at wark O FUNERAL DIRECTOR: After at wark 21. I certify that (I) (this hashital) attended the deceased fram 8/ 1 and that death accurred at 0:30h. Ask causes and an the date stated above. saw the deceased alive an. 22a, SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAMF (Type) Charles Wirth. Lothian. Marvland 20820 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, (County) State TPMOVA\_(Specify) ANOLING FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00495 00492 CERTIFICATE OF DEATH ond 2 low requires that the death certificat<u>e be executed within 24 hours after de</u>oth can and completely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY ve corbon popers. Pages I event, within 72 hours after MARYLAND Anne Arundel b CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN autside corporate limits, write RURAL and give negrest town? Edgewater d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Padgetts Nursing Home Rt 2 Box 88B NO TX NAME OF Middle DATE Month Year Day DECEASED 0F (Type or print) DEATH 19 SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED (in years UNDER 24 ARS (ast birthday) Days Hours WIDOWED DIVORCED Mar. 14.1894 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? never worked Edgewater, Md

14. MOTHER'S MAIDEN NAME physic 13. FATHER'S NAME signed by the offending phy Thomas Walker Amanda Lee WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) no A. Earl Stallings same as #2 above cremotion, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause hos been the last. PART II OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? TO FUNERAL DIRECTOR: After this certificate YES [ NO ō 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m Not While factory, street, office bldg, etc.) at work 21. I certify that (I) (this haspital) attended the deceased fram 19 , ta. , that (I) (we) last should and that death accurred at 440 PM, from causes and on the date stated above. saw the deceased alive an. 22a SIGNATURE DATE SIGNED 22b. DIRECTOR page 3 PHYS. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) director, should be 23a BURIAL, CREMATION DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 1/5/67 Zion Cematery Tothian Tash REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Beverley E. Hopping 2Sa. REC'D BY REGISTRAR **ADDRESS** VR A15 (4) JAN DATE Annanolis



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00496 CERTIFICATE OF DEATH 00493 degrifh. executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) signed by the attending physteam and campletely filled in by the funeral bursal-transit permit. Then please remave carbon papers. Pages I and bursal, cremation, ar remaval, and in any event, within 72 haurs after deaff PLACE OF DEATH n. COUNTY o. STATE b. COUNTY Calvert Calvert MARYLAND Marvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR FOWN (If outside corparate limits, E LENGTH OF STAY IN 1b write RURAL and give nearest town)
Prince Frederick days North Beach IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Calvert County Hospital Box 143 YES NO TO Middle 4 DATE Month Year 3. NAME OF First Lost DECEASED 19 67 Ella Summey Lois DEATH (Type or print) IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** la berthdov) Months Dovs Hours 8-7-15 WIDOWED DIVORCED white female 12. CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

Office Clerk

13 FATHER'S NAME **COUNTRY?** INDUSTRY ILS.A New York

14 MOTHER'S MAIDEN NAME Drug Store Ella Case Ralph Warnes 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Roy H. Summey North Beach, Maryland 579-24-5115 INTERVAL RETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY for (o), (b), ond (c).) ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burnal-tran shauld be filed with the State Dept. of Health priar ta burnal, cren DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 😾 YES [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour p.m. Not While ot work of work 21. I certify that (i) (this haspital) attended the deceased fram Oct. 12., 1966, to Jan. 131967, that (i) (we) last saw the deceased alive on Jan. 13 1967, and that death accurred at 100am, fram causes and on the date stated above. 22b. DATE SIGNED 22n. SIGNATURE ATTENDING PHYS. STAFF PHYS M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S Prince Frederick, Maryland NAME (Type) Osman Z. Ersoy 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL CREMATION, Burial (Specify) Sou. Memorial Gardens Dunkirk, Calvert Co. Md.
REGISTRAR 25b. REGISTRAR'S SIGNATURE Jan.15,1967 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Marley Judge



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00497 00494 CERTIFICATE OF DEATH death deoth. 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) pue funeral PLACE OF DEATH b. COUNTY o. STATE a COLINTY Cal vert MARYLAND Calvert hours after within 24 haurs after in by the Pages c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) Lusby Prince Frederick IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers signed by the ottending physician and completely filled in burial-transit permit. Then please remove carbon paper: burial, cremation, or removal, and in any event, within 72 NO XX YES Calvert County Hospital Month Year 4 DATE Doy NAME OF Middle completely DECEASED OF DEATH 1.8 67 19 Claude Turner Al an (Type or print) The low requires that the death certificate be executived IF UNDER 24 HRS IF UNDER YEAR AGE (In years DATE OF BIRTH S SEX NEVER MARRIED 6 COLOR OR RACE 7. MARRIED last birthdoy) Hours Months 11-16-89 WIDOWED DIVORCED white male 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)

Retired INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Eloise S. Wilson John Turner Address 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service Broome Lusby\_ Maryland Marv Turner INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Poge 4 may be retoined by the haspital or attending physician. DUE TO Canditions of any, which gave rise to immediate cause (a), DUE TO stating the underlying couse 3 should be detached for use os the with the State Dept. of Health prior ta this certificate has been detached for use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20d. INJURY OCCURRED 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur o.m. Not While 19 at work at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from and that death occurred at 10:30eM, from couses and on the date stated above. saw the deceased alive on 100 22a. SIGNATURE ATTENDING DIRECTOR PHYS. director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) (State) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Coonty) DATE THEREOF 23a. BURIAL, CREMATION REMOVAL (Specify) REGISTRAR'S SIGNATURE BE REGISTRAR 2Sa. REC'D 2Sb. FUNERAL DIRECTO Melanley VR A15 (4) 20 M 1/66



## **FOR STATE** delay 12 4 3 to death. haurs ( Give Pages

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the funeral director. Page 4 may be retained far yaur D FUNERAL DIRECTOR: Page

Item 18.

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pencil

d 'pending' in pencil in Chief Medical Examiner

This certificate should be executed within

please execute the certificate, writing the ward

EXAMINER:

TO DEPUTY

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00495 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00498 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Calvert Maryland Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town Prince Frederick - rural 4 weeks Chesapeake Beach Road - Owings d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert Co. Hospital YES NO [ 3. NAME OF Middle Last 4. DATE Month Year Day DECEASED 21 67 (Type or print) Julius Russell Ward DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 60 yrs. Months WIDOWED DIVORCED Feb. 15, 1906 male. white 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Calvert Co., Maryland Insurance Agent Life Insurance USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME J. Horace Ward Margaret Norfolk 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) liff yes give wor or dotes of service 214-05-0950 Mrs. Russell Ward, Chesapeake Beach Road Owings, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Massive pulmonary embolism complicating fracture -- of left tibia. Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) TEY D. NOT 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item B.) PRIMARY OF CONTRIBUTING A CAUSE OF DEATH. fell in snow storm 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) factory, street, office bldg., etc.) at work 11:30 2020, 12 24 1966 Chanvville Calvert Md. at work 21. I certify that I took charge of the remains described above, held an Autapsy XI, Inspection . Inquiry ... and in my opinion Accident X Suicide . death resulted from: Natural causes Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Werner U. Spitz, 1/22/67 **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Huntingtown Cemetery Huntingtown, Calvert 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00499 00496 CERTIFICATE OF DEATH and completely filled in by the funeral remove corbon papers. Pages Yand 2 in any event, within 72 hours affer death executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE Maryland Calvert Calvert MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Willows Chesapeake Beach, Maryland 84 days Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NODE Calvert County Hospital 3. NAME OF Middle 4 DATE Month Year DECEASED 26 1967 (Type or print) Whittaker Pauline Harrell DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. AGE (In years last birthday) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Davs Haurs WIDOWED DIVORCED 0-2-10 Female White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of warking life, even if retired) INDUSTRY please physician Housewife
13. FATHER'S NAME U. S. A. North Carolina 14 MOTHER'S MAIDEN NAME attending phys requires that the death certil IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dotes of service)] Sally Parker 16. SOCIAL SECURITY NO. 17 INFORMANT Address 578-12-1380 William Whittaker Chesapeake Beach, Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma - Breeze IMMEDIATE CAUSE (a) DUE TO historialis. Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While of work at work Page 4 may be retained by 21. I certify that (I) (this hospital) attended the deceased from 11-5 , 1966 , to 1-26 , 19 67 that (I) (we) last sow the deceased alive on Jan 2 6 19 67, and that death occurred at 2.1.04, fram causes and on the date stated above 22b. DATE SIGNED 22g. SIGNATURE 1-26-67 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Prince Frederick, Maryland Issam El Damalouji, M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) Burial Va. Jan. 29,1967 Greenlawn Cemetery Portsmouth. 2Sq. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) thing tunual Homlowings, Maryland Villarles Juage DATEFR 20 M 1/66

